



Culpeper Co. Parks & Recreation ActiveNet Customer Account Form

Main contact must be at least 18 years old. PRINT CLEARLY

Main Contact Client #1 Name (Last) _____ (First) _____
Birth Date ____/____/____ Sex: ☐ M ☐ F
Street Address _____ City/State/Zip _____
Mailing Address _____ City/State/Zip _____
Culpeper County Resident? ☐ Yes ☐ No If yes, Where do you Vote? _____
Allergies / Special Needs: _____
Home Phone (_____) _____ Work Phone (_____) _____ Ext. _____
Cell Phone (_____) _____ Fax Number (_____) _____
E-mail address _____ (required for online registration)

**List all immediate family members in household.
Complete shaded areas only if different from Main Contact.**

Client #2 Name
(Last) _____ (First) _____
Birth Date ____/____/____ Sex: ☐ M ☐ F
Grade ____ (If summer, enter most recent grade.)
Allergies / Special Needs: _____
Street Address _____
City/State/Zip _____
Mailing Address _____
City/State/Zip _____
Culpeper County Resident? ☐ Yes ☐ No
If yes, Where do you Vote? _____
Home Phone (_____) _____
Work Phone (_____) _____ Ext. _____
Cell Phone (_____) _____
Fax Number (_____) _____
E-mail address _____

Client #4 Name
(Last) _____ (First) _____
Birth Date ____/____/____ Sex: ☐ M ☐ F
Grade ____ (If summer, enter most recent grade.)
Allergies / Special Needs: _____
Street Address _____
City/State/Zip _____
Mailing Address _____
City/State/Zip _____
Culpeper County Resident? ☐ Yes ☐ No
If yes, Where do you Vote? _____
Home Phone (_____) _____
Work Phone (_____) _____ Ext. _____
Cell Phone (_____) _____
Fax Number (_____) _____
E-mail address _____

Client #3 Name
(Last) _____ (First) _____
Birth Date ____/____/____ Sex: ☐ M ☐ F
Grade ____ (If summer, enter most recent grade.)
Allergies / Special Needs: _____
Street Address _____
City/State/Zip _____
Mailing Address _____
City/State/Zip _____
Culpeper County Resident? ☐ Yes ☐ No
If yes, Where do you Vote? _____
Home Phone (_____) _____
Work Phone (_____) _____ Ext. _____
Cell Phone (_____) _____
Fax Number (_____) _____
E-mail address _____

Emergency Contact #1 (Not Main Contact)
Name (Last) _____ (First) _____
Relationship _____
Home Phone (_____) _____
Work Phone (_____) _____ Ext. _____
Cell Phone (_____) _____

Emergency Contact #2 (Not Main Contact)
Name (Last) _____ (First) _____
Relationship _____
Home Phone (_____) _____
Work Phone (_____) _____ Ext. _____
Cell Phone (_____) _____

Office Use Only:
Date Received—____/____/____/ By: _____
Date Processed—____/____/____/ By: _____

If more than 4 members in your household, please use another sheet of paper.